

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8						
9		4				
10	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	12	12	12	12	12	12
TOTAL CLAIMS	14	14	14	14	14	14

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						